

NAME OF CONTACT AND TRAINER / BARN NAME

BILLING ADDRESS

CITY/STATE/ZIP

CELL PHONE

NAME FOR TABLE

E-MAIL

TURF & FIELD PAVILION • SPECTATOR TABLE

\$1,500 per table (table seats 8 people max)

Tables are located under the covered Turf & Field Spectator Pavilion with views of both the Grand Prix and Main Hunter arenas.

Table price does not include food or membership to the HORSEFLIGHT VIP Lounge. Table holders may purchase discounted memberships to the HORSEFLIGHT VIP Lounge.

Menu/lunch service is available for purchase. No outside food permitted in Turf & Field Club.

No verbal table reservations will be accepted. Tables are reserved upon receipt of this form via email to info@lphorseshows.com or mail: LPHSA, INC, 5514 Cascade Road, Lake Placid NY 12946

HORSEFLIGHT VIP LOUNGE

\$255 Individual (for non-table holders) \$230 Table Holder discount

Private Members Only Club. Lounge membership does not include spectator seating in the Turf & Field Club.

The fully enclosed, air-conditioned HORSEFLIGHT VIP Lounge is open from 8:00 AM until the end of the show day.

Complimentary breakfast is served from 8:00 AM to 10:00 AM. Snacks are served throughout the day.

Complimentary alcoholic beverages are served from 11:00 AM until the end of the show day.

No dogs permitted in the lounge.

Lake Placid Horse Show / Tues. June 24 – Sun. June 29

Preferred Side for Table (circle): Hunter or Jumper

of Tables @ \$1,500 each: _____

of VIP Memberships with Table @ \$230 each: ____

of VIP Memberships without Table @ \$255 each: ____

I Love NY Horse Show / Tues. July 1 – Sun. July 6

Preferred Side for Table (circle): Hunter or Jumper

of Tables @ \$1,500 each: _____

of VIP Memberships with Table @ \$230 each:

of VIP Memberships without Table @ \$255 each:

PAYMENT INFORMATION

Credit Card #

EXP. _____ Code_____

Name On Card _____

Billing Address _____

City/State/ZIP _____

There is a 3% Processing Fee for all Credit Card Purchases. Checks are to be made payable to Lake Placid Horse Shows.

I authorize Lake Placid Horse Shows to charge my credit card for the agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. I, agree to the 3% processing fee included in these transactions if I use a credit card.

Signature: _____ Date: _____

Mail: LPHSA, INC, 5514 Cascade Road, Lake Placid NY 12946 Email: info@lphorseshows.com